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ON CHRONIC APHTHÆ.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Some years ago I addressed some queries to the readers of your excellent Journal, among which was one respecting *chronic aphthæ*, or aphthous chronic diarrhœa. No person, I believe, has ever attempted an answer. Having met with several cases of the kind in the early part of my practice, and having found them very difficult to manage, so much so, as almost to be numbered among the *opprobria medicorum*, I was induced to seek aid from the older members of the profession. I wrote to a number of distinguished men on the subject, and conversed with all I could see, but still I was left in the dark. I was told by the most distinguished country practitioner within my reach, that it was a hopeless state of disease, that he had combated it for some twenty or thirty years, and that sooner or later a fatal issue was the certain result. Still, however, I thought there might be hopes; founding that opinion on the reported success of Dr. Elliotson with sulph. copper and opium in chronic diarrhœa and dysentery with ulceration of the bowels. The state of disease in question is probably the effect of ulceration of the mucous membrane of the stomach and bowels, the aphthous ulceration of the mouth and fauces alternating with diarrhœa. As my object is not speculation or theory, I shall detail two cases to show the practical result of treatment, observing, at the same time, that I have duly guarded myself in these cases against the principle of "*post hoc ergo propter hoc*;" and although to my mind these cases appear conclusive, yet I must acknowledge that my experience in the use of the remedies, in such cases, is not very extensive, therefore I offer them as practical hints to my professional brethren, and hope they will make further trials of them. I have designedly delayed reporting these cases, to ascertain not only whether they were *cured*, but whether they would *remain cured*—a circumstance which is too often neglected. Many cases are reported as cured when a favorable change is effected, while perhaps the disease recurs again with increased violence.

CASE I. A young man of sedentary habits, a student of medicine, had been in very feeble health for some two or three years; the most prominent symptoms were indigestion, pain in the right hypochondrium, and obstinate *chronic diarrhœa*. He had been treated for dyspepsia,

liver complaint and diarrhœa ; and he was firmly impressed, from consulting various physicians, that the liver was the seat of his disease. I gave it as my opinion that it was inflammation and perhaps ulceration of the mucous surface of the intestines. After prescribing the ordinary remedies, with no good effect, I advised a pill of sulph. cupri and opium, ââ $\frac{1}{2}$ gr., to be taken three times a day, and gradually to be increased to two, three or four times the quantity each dose. After using the pills for some time and increasing the dose, the diarrhœa abated, and finally left him altogether. This man is now well, and has been so for more than two years. I omitted to say that he was confined to a regulated diet and moderate exercise, to which, however, he had been subjected under other treatment. The discharges from his bowels were mostly of a light color, but sometimes bilious.

CASE. II. Miss M. E. B., a very intelligent and amiable young lady, of weak digestive organs, had labored under chronic aphthous diarrhœa for some two or three years. After trying the usual remedies for dyspepsia, diarrhœa, &c., including a low regulated diet, pustulation with emetic tartar, and blisters over the stomach, in the early part of 1842 pills of sulph. cupri and opium were prescribed, and, contrary to the usual custom of chronic patients, she followed my prescriptions attentively for some two or three months. By the way, I would remark that a chronic disease requires a chronic remedy, and chronic perseverance on the part of the patient, the want of which is too often the cause of our want of success in chronic diseases. There was slight benefit only from the sulph. cupri, and I determined, some time in June following, to use the nitrate of silver. I then prescribed pills of nit. argent. et opii. ââ 1-8 gr., to be taken three times a day, from which quantity I observed no sensible effect. I gradually increased the dose to $\frac{1}{2}$ gr. three times daily, and then very perceptible amendment was the result. Encouraged from this, and as no inconvenience was found from it, I finally increased the dose to 1 gr. nit. silver three times a day, when it acted like a charm, completely arresting the diarrhœa and the aphthous state of the mouth and fauces. From being extremely feeble, a large portion of the time confined to bed, and occasionally reduced to the very brink of the grave by the diarrhœa and inability to digest food, this young lady soon recovered her flesh and strength, with a rosy complexion, and enjoyed much better health than she had for four years. She is still free from the disease, and has been so ever since about January, 1843. She had also been affected with *neuralgia faciei*, and with a similar affection in the chest, which she referred to the heart, causing her to suffer extremely acute and agonizing pain at intervals, of which, since her recovery from the diarrhœa, she has been free. She used for the neuralgia, morphine, and occasionally quinine, given with a view to break up a seeming periodicity in the attacks of pain. Not the slightest discoloration of the skin ever resulted from the use of the nitrate of silver, though continued for six months.

It has been remarked by Broussais, that a diarrhœa continuing over thirty days is always attended with *ulceration* of the bowels. I treated an obstinate case of diarrhœa, which lasted about two months, and

which was finally suddenly arrested by bleeding to faintness. It is not probable there was any ulceration in this case. Nitrate of silver is a remedy of great power, both externally and internally.

If any person is benefited, or led to investigate these matters, by this hasty epistle, I shall be amply rewarded.

W. A. GILLESPIE.

Louisa Co., Va., May 4th, 1844.

DR. TROW'S FINAL REPLY TO DR. KNOWLTON.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—If the intelligent readers of your Journal failed to detect the *true* spirit of the article in Vol. XXIX., No. 19, the articles in Vol. XXX., No. 12, of your paper, will furnish a solution. Waiving the questions whether any individual has, or has not, lost his senses—did, or did not, see a vial—is, or is not, troubled with “a singular kind of blindness”—or whether, if I ever tell the truth, it is the result of mere accident—as entirely irrelevant, and vastly better calculated to sink than raise men in the scale of intellect; let us come at once to the simple question legitimately before us, viz., did I, or did I not, give a correct report of the case of Major Joseph Griswold? That the veracity of no individual should be called in question, till, by responsible, impartial, and disinterested evidence, it can be made to appear that he has forfeited that veracity, is a fact too plain to be denied. Judged by this impartial standard, I must bespeak the patience of you, Sir, and the readers of your Journal, while I review the articles of your first reporter.

In Vol. XXX., No. 8, of your paper, are delineated a very grave assemblage of symptoms in connection with the early history of Major G.; and in connection with the last few weeks of his life, I delineated an assemblage which to any member of our profession must appear alarmingly formidable! Which, among the whole catalogue, has been fairly met, and disproved? Not one. The safest course would seem to be understood, viz., to raise, if possible, a dark suspicion that all is not right, and let the symptoms alone. But we are not left to our own resources “so far as relates to symptoms presented by the patient when seen only by ourselves;” for it is not so strange a thing for the intelligent members of any community, while conversant with patients in the capacity of “nurses,” or “watchers,” to detect very many of the symptoms which I have enumerated, even so slight a one as *rather copious epistaxis*. Still, we are driven to the inevitable conclusion, that inasmuch as the symptoms to which I refer are not mentioned by your first reporter, they were never witnessed; for, as we are assured that “he scorns disingenuous statements, and his regard for truth is habitual and inflexible,” he must have given them in his report, if they had ever appeared. I have spoken, also, minutely, of the *post-mortem* appearances, and am met with the very definite and grave remark that my “report is erroneous, and defective in several important particulars.” Why are we not told *definitely* what these *important particulars* were? The first reporter

is in trouble about his eyes, because I found nothing unusual in the external appearance of the subject. The truth is, Mr. Editor, it looked as much like a *dead man* as anything. "The gall-bladder also resembled in shape and size a goose egg, even a very large one," and I said nothing about it! In the very pertinent language of Dr. Strong, "it must have been a *very small goose* that laid the egg." But, "that pancreas" is the source of trouble, and I am well aware that it may be; still, it is my most solemn conviction that if the learned gentleman who penned the article on induration to which I have alluded, had had that pancreas before him, he could not have described it more accurately. The question of scirrhus of the pancreas was not raised during the consultation which succeeded the examination, so far as I heard, and I was present every moment; and to my own, I can add the testimony of four of the medical gentlemen present, with whom I have conversed personally since that time. As the testimony of Dr. Deane is adduced, I wish simply to say, that I understood him to admit upon the spot, frankly, that the heart was in an abnormal condition, and this was the understanding of Drs. Strong, Bates and Taylor. Indeed, Dr. Deane has frankly admitted the fact to me in another place since that time; and with reference to the very definite term "pretty honest," which may mean anything or everything, I will simply notice a remark of Dr. Strong, who exclaimed, after reading the first report of Dr. K., "If this is a fair specimen of the manner in which cases are reported, Dr. Smith had better be in better business than publishing them, and his readers than reading them." Did not the term "pretty honest" mean about this—In answer to the question, have you seen, and how do you like, or what do you think of my report? You were pretty honest to say that you expected to find scirrhus of the stomach, and afterwards to say you did not find it! Though a Yankee, *we* shall not guess. "The attentive reader" has not failed to notice the following fact, viz., that the first reporter has labored to make it appear that I supposed disease of the heart would, and actually did, destroy the life of Major G., and that he has clung to this idea with a *death-like grasp*. But this attempt can avail him nothing in this region, where the facts are known; neither will it with the readers of your paper, when it is remembered, that, notwithstanding my diagnosis, I prognosticated favorably, and my report of the gradual recovery of the patient, while in my hands, will show with how much reason.

Again; the absence of serous effusion is spoken of as a matter of primary importance. That there was the most decided cedematous condition of the feet and legs, when the patient first came within my notice, is a fact utterly incontrovertible; and the "second reporter" *was not* "unaware" of the "importance of this symptom in making out his case," as will appear from the very prominent notice taken of it in his report. Was not the treatment of the case calculated to relieve the patient of any serous effusion? But suppose there had been no trace of effusion at any time, will the first reporter assume, that, under such circumstances, there could have been no important disease of the heart? Certainly not, unless in fact he *has* "lost his senses:" for, doing this, he must array

himself against all written authority, as well as the testimony of multitudes of living witnesses ; but, if he grant but *one* exception, his argument inevitably falls.

Permit me here to introduce the case of my lamented friend, Dr. Joseph Emerson, who (according to the account given me by my friend Dr. George Winslow) "was taken, while after his horse, with giddiness, and a sense of faintness, with difficulty of breathing, which terminated his life in a very few hours ;" and where, at the *post-mortem* examination, as I learned from the above-named gentleman, and Dr. S. Bates, the heart was found so soft, that "it could be torn even at the thickest part, as easily as wet brown paper." In this case, as both of the above-named gentlemen have informed me, there was no effusion. That the symptoms of Dr. E. bear a very important and striking resemblance in several particulars to those of Major G. when he placed himself under my care, must be apparent to every one. I might adduce the case of a relative of the family of Dr. E., who died at the age of 13, very suddenly, and where, according to the testimony of Drs. Strong and Dorrance, both hypertrophy and softening of the heart were found at the *post-mortem* examination. In this case, also, there was no effusion. I will not multiply cases.

On the 6th inst. I propounded to Dr. Simeon Strong, of Heath, a gentleman whose "discrimination, fidelity, and veracity," are too well known in western Massachusetts to be called in question, the following questions. [It will be remembered that Dr. S. was invited to visit the Major before his death, and to attend the autopsy, by Rodolphus White, son-in-law of Major G.] Does the history of Major Griswold, and the symptoms which I reported to the editor of the Boston Medical and Surgical Journal, agree with the history which you had from his friends and attendants, when you saw him on the 8th of last August ? Did his appearance at that time agree with what I have reported, and did it, so far as you could judge, corroborate my account of him ? Does my account of the *post-mortem* appearances agree with what you saw at that examination ? To all of which he deliberately and unhesitatingly answered *yes* ; at the same time he expressed his astonishment, in the strongest terms, that any individual could call in question the morbid condition, and especially the *softened* appearance, of the heart.

But I notice a different kind of evidence. In the first report, Vol. XXIX., No. 19, page 381, I read, "On the 12th of August the patient expired, the pulse remaining moderate, and the *senses entire* until near the last ;" and also, "nothing amiss about the heart, excepting *one* slight point of ossification in one of the valves, I forget which, not larger than half a barley-corn." In Vol. XXX., No. 12, page 234, I read, "Nothing amiss about the heart, excepting a mere point or *two* of ossification ;" and on page 235, "for *several days* before death a failure of the sensorial powers was very evident." If I mistake not, lawyers *sometimes* require witnesses to tell their stories several times, and if in a few important particulars these stories disagree, if the evidence is taken, it is recognized as very equivocal.

"The second reporter has spoken of the *functions* of the pancreas as obscure; but I suspect he meant *diseases* of the pancreas." The truth is, Mr. Editor, *I meant just what I said*, and to my brethren I say, "*judge ye what I say*, for I speak as unto wise men." But for the "*new wrinkle*," and "*after-thought*" of the "second reporter." That Dr. Deane, in the consultation which succeeded the examination, did state upon the spot, that, so far as he was able to judge, "we had not seen the cause of the man's death," and that Drs. Strong and Bates did confess the same fact, and that we were pointed successively by the above-named gentlemen to the nervous system, and the *brain* as the very *soul* of that system, while the deepest feelings of regret were expressed that the brain could not have been examined, and that to the above I distinctly *assented*, while a *dissenting* voice was not heard, are facts, we think, utterly incontrovertible. Is it so strange, then, that I did not *raise* the question?

On or about the first of May, 1841, Major G. came to me, stating that he had been troubled for some time with "dizziness and a *strange feeling* about his head, and that upon that day he had frequently been under the necessity of sitting down." He stated, also, that "Dr. Tobey had advised him to be bled at such times," and if I thought it best, he wished me to bleed him. I returned with him slowly to his house, and for the first and only time in my life (if my memory serves me), bled him freely, and had hardly arrived at home before he passed with his cart and oxen, about his usual business. Whether to have filled his *boots* with mustard sinapisms, with cold to the head, &c. &c., the "proper remedies," would, under all the circumstances, have been the better course, I do not take upon me to decide. That Major G. did say repeatedly, before and about the above-named time, that Dr. Tobey had advised him to be bled occasionally (giving as the reason his exposure to die suddenly), can be proved by as responsible evidence as can be found in Buckland—his letter of the 3d of April to the contrary notwithstanding. "*Tergiversation*" is certainly a bad word. Your first reporter is very careful to mention the very *important* fact that Dr. Tobey is a relative of my own (cousin by marriage), while the very *unimportant* one that Dr. S. J. W. Tabor was recently a student, and is now a son-in-law of his own, is unnoticed! "*good, honest man!*" It is but due to myself to remark, that most, if not all the medicine which Major G. took for years before his return from Boston, was prepared by me, after the form of a very judicious preparation recommended to him by my much-esteemed friend Wayne Griswold, M.D., formerly of Whitingham, Vt., now of Circleville, Ohio. Towards this preparation Major G. was very partial.

The first reporter, noticing in my report the following sentence—"That a determination of blood to the head, was the immediate cause of death, must, *a priori*, be apparent to the merest tyro in medicine," says, "I grant it was so, and to none else!" Well, doctor, as the point is a delicate one for me to handle, have it so if you please. But if the three gentlemen to whom I have alluded did successively raise the question to which I have called your attention, pointing to the nervous system, and

the *brain* as the very *soul* of that system, which we believe you cannot disprove, you must, upon your own premises, annex the letter *s* to the word *tyro*, while the evidence which you have adduced as your strongest fort near the commencement of your article, from *your own showing* having turned its guns against you, must unceremoniously be rejected. But I am forty years behind the time because I think that diseases of the heart are very obscure. Is it disrespectful to our profession that an M.D. should make such a statement? In the Library of Practical Medicine, Vol. II., page 547, I read—"There are no symptoms *yet known*, by which abscess or ulceration within the walls of the heart can be certainly recognized, and the diagnosis of aneurismal tumor of the organ is no less obscure. Indeed, any of the three may exist without exciting a suspicion of their presence." On page 568, we are told that "in aneurism of the septum, the symptoms are *very obscure*, and that the physical diagnosis is as yet no less dubious;" and on page 547 we are pointed to the case of Talma, where even the learned French professors were not able to detect his disease. *Query*.—Was not W. W. Gerhard forty years behind the time when he published the above, and were not the French professors in the same trouble? That diseases of the heart are *obscure even now*, will be admitted so long as the lectures or clinical instructions of a Parker, a Revere, or a Mott, are remembered. But we are told, that "it is not a difficult matter for some physicians in little Franklin to form a very *confident* opinion, in doors or out"! This point I yield at once; but it is one thing to form a *confident* opinion, and a far different one to form a *correct* opinion. The truth is, these confident opinions, from mere wayside examinations, are much more congenial to the true spirit of *quackery* than to the science of medicine in the nineteenth century. Still, I am aware that some men may have the advantage of me, so far as the "knowing look" is concerned, inasmuch as I have never been associated in the practice of medicine with a *notoriously ignorant quack*! But, I would not believe, even when I "had been told better"! Mr. Editor, I *repudiate* the idea of a conscience keeper in medicine, as much as your first reporter does in politics; for, if I am to believe one thing simply because I have been told so, then I must believe everything. On this principle, I must have believed that in the case before us there was actual scirrhus of the stomach, notwithstanding the diagnostic symptoms were not to be found; for it must be apparent, that even the "pain" or "distress," admitted after the patient had been told that his stomach was "suspected," was much like that of a student, who after poring over a treatise on stone, verily believes that he feels the pain at the end of the penis, and hastens to the post to see if he has not a sudden stoppage of urine. Standing on the broad platform of medical science, we are unwilling to grant that any individual is infallible; but, claiming for ourselves the inalienable right guaranteed to us by high Heaven, of liberty of conscience, it is, we trust, our highest ambition to grant, untrammelled, the same liberty to others; while we remember, that according to our works, "to our own master we must stand or fall."

With reference to the article from Drs. Tabor and Tobey, so far as it

relates to myself personally, it can only raise in my bosom the emotion of pity in view of the spirit which dictated it.

Permit me, Mr. Editor, to ask pardon of yourself and your readers, for having trespassed so long upon your patience, while I assure you, and them, that in future, *come what will* in reference to this subject, I shall never give it even a passing notice.

N. G. TROW.

Buckland, May, 1844.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I have read with some degree of attention, and also of regret, the several communications which have appeared within the last few months in your Journal, relating to the case of the Hon. Joseph Griswold, late of Buckland, in this county. And as my name has been mentioned as one of those present at the *post-mortem* examination, I take the liberty to make a few remarks in relation to it—which, if you please, you may publish in your Journal. I presume I state no more than what is maintained by those who belong to it, and generally assented to by an enlightened community, when I say, that ours is a noble and honorable profession, to be sustained by noble and honorable means, and that the members of it should sustain themselves in the profession and in the community by such means, and such only. Hence I *regret* to see any controversy among the members of the profession, which has for its object the accomplishment of selfish and personal ends, and especially do I *regret* to see the pages of a public journal made the theatre of such a warfare, and turned into weapons of personal attack. I therefore consider it an act of pure justice to Dr. Trow, to state, that I believe his report of the examination above referred to, to be substantially correct, and also that he maintains a good standing as a practitioner—and that his character as a man of *truth and good faith* is fair and unsullied. Dr. T. and myself live in adjoining towns, and practise, in part, in the same community, and therefore may be considered as rivals in practice. I believe the regret was expressed at the time, by some, at least, of those present at the autopsy of Major Griswold, that a better opportunity was not afforded to examine the whole heart and its appendages—but that there was evidently softening, with some degree of hypertrophy of that organ, with distinct points of ossification of the valves, (semilunar, I believe), was, I think, generally admitted. That there were also evident traces or marks of disease of the pancreas—that that organ, though not much enlarged, was somewhat altered in structure, in a state of induration, was also, I believe, matter of general agreement. But in neither of these instances could we say we had discovered sufficient disease to have been the immediate cause of death. I speak now of the opinion of those who were called in from abroad to witness the autopsy, as expressed in the conference held after its close. And the opinion was also then expressed by some one, and assented to by others, that as there seemed to have been a failure of the whole man, the nervous system undoubtedly had received a severe shock, and therefore it was much to be regretted

that time and opportunity were not afforded to examine its great centre, the *brain*, as probably we should there find more striking and fully-developed evidences of disease than we had yet seen. In these opinions, if I rightly remember, Dr. Trow coincided. Respectfully yours,

Charlemont, May 13th, 1844.

STEPHEN BATES.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Was not the honor of the Gemini, Justice and Truth, implicated, your patience and that of your readers should not be taxed with statements from us, relative to the case of the late Senator Griswold. Being familiar with his history after his return from Boston to the time of his decease, August 12th, we should deem ourselves highly culpable did we at this juncture withhold our testimony relative to facts as they occurred. First, let it be premised that we cheerfully concur with the report of Dr. Trow, conscientiously believing it true, from the facts that came within our own observation. Nor has it to our knowledge been challenged by any citizen who was familiar with the case; and several times have we heard it asserted, that "had no name been mentioned by the first reporter, they never should have thought it referred to Major Griswold;" but "had it been omitted by the second, they would have *known* whose case was described." Indeed, during the last few weeks of his life, the cadaverous countenance, rolling and heat of the head; the injected eye and contracted pupil; the loss of pulse in the right arm and frequent epistaxis, were obvious, even to common observers. At the autopsy we did not understand that any one denied the abnormal condition of the pancreas or heart, for the former was somewhat indurated, and the aspect of the latter pale and flabby: the parietes were in such a case as to be easily torn with the fingers, its valves partially ossified, and its size above the normal standard—for it was measured by ourselves and the result noted. We supposed the impression was general among those at the examination, that the lesion of the organs above named "did not kill the man," but that they "must look elsewhere for the immediate cause of death;" and a "regret" was expressed that "the head could not be examined."

The reputation of Dr. Trow for veracity, integrity and skill, is too well known to the medical fraternity in this region to need vindication. With the highest esteem for him as a gentleman, and—we had almost said—unlimited confidence in his professional abilities, we are proud to be ranked among his friends.

ASHMUND H. TAYLOR, M.D.

Buckland, Ms., May 5, 1844.

IRA PERRY, A.B.

TOPOGRAPHICAL DESCRIPTION OF THE TOWN OF LEOMINSTER, MASS.

By C. C. Field, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

LEOMINSTER is situated 40 miles west from Boston, on the main road from the city to Greenfield and Brattleboro'. It is bounded on the north

by Fitchburg and Lunenburg, on the east by Lunenburg and Lancaster, on the south by Sterling and Princeton, and on the west by Princeton and Westminster. In *extent* it contains 18,535 square acres, or nearly 29 square miles.

Its *surface* is uneven, hilly, and, in the western part, mountainous. There is great difference in the *elevation* of different parts of the town. The common is *four hundred and fourteen* feet above tide water; the valley of the Nashua, in the eastern part, is 50 or 75 feet lower than the common; and the Monoosnok ridge, in the western part, attains an elevation of 1020 feet above the ocean. The Monoosnok Hills, and the country around and beyond them, extending in a westerly direction towards the Wachusett, comprising about one quarter part of the town, is much more elevated than the central and eastern sections—the general height of the whole tract being between 800 and 1000 feet. The surface is very rough and rocky; in fact, Monoosnok is a mass of granite. This section is mostly devoted to woodland and pasturage. From the foot of Monoosnok ridge the surface gradually descends towards the east till it reaches the valley of the Nashua—a distance of two or three miles. This is the *central section*; comprises about one half of the town, extending its whole length from north to south—a distance of five or six miles; is uneven, consisting of gentle “swells” and moderately elevated hills; and has a general elevation of 400 or 500 feet. Four or five of the hills rise 100 or 200 feet above the general level; some of them are cultivated, and others are crowned with woods.

The valley of the Nashua crosses the northern and eastern part of the town, from northwest towards the southeast; is 50 or 75 feet lower than the middle of the town, and about one mile to the north and east of the same; has a width varying from one eighth to one half a mile; is four or five miles in length; and has about 200 acres of “Interval land,” so called here, some of which is usually overflowed in the spring. The valley is occasionally enveloped with fog in autumnal mornings. Most of the land in the valley is cultivated, but is of an inferior quality, compared with the upland. The surface of the part lying *north and east* of the valley, containing about 3000 acres, is similar in every respect to the central section.

Forests.(?)—About one third of the “*Elevated*” section is covered with wood; and detached pieces of woodland are scattered throughout the town, sometimes concealing the vallies with their shade, sometimes crowning the hills with their verdure. Probably full one sixth of the whole surface is clothed with woods.

Rivers and Streams.—The Nashua River flows in the valley above described; is three or four rods in width; and is sufficiently rapid for mills and manufacturing purposes. Monoosnok Brook and two other small streams have their sources in the “*elevated*” region, and, flowing east, empty into the Nashua. They are quite rapid, and are used for mills. Neither the river nor the brooks overflow their banks to any considerable extent, and, of course, leave but little deposit for exhalation or evaporation. A part of the “Interval land,” before mentioned, forms the

only exception to this statement ; and but very little sediment is left upon this, for the river is so rapid that the water, during a freshet, rises and subsides again in a few hours. No *stagnant ponds*, no *low meadows* or *swamps* of any considerable extent.

Soil and Subsoil.—I am not sufficiently acquainted with Geology and Agricultural Chemistry to give a scientific description of the soil. It is strong and fertile for the most part ; sufficiently dry, and generally neither clayey nor sandy ; but such as is formed by the disintegration of granite, gneiss, and other rocks of the older formation. The soil is rocky, and rock-strata underlie the surface over the greater part of the town. There are a few hundred acres between the centre and the valley, the soil of which is light, gravelly and somewhat sandy, and the subsoil coarse gravel. In the valley the soil is lighter than upon the hills, and has a subsoil of sandy clay. Compared with neighboring towns, the soil of Leominster is much superior for cultivation.

Agricultural Productions.—*Grass* is the most important production ; corn, oats, barley, potatoes and apples are raised in abundance ; wheat is successfully cultivated by many of our farmers ; and the products of the dairy exceed the consumption of the farmers themselves, though probably not of all the inhabitants.

Meteorology.—I have no means of giving any information in regard to meteorology. Perhaps the deficiency will be supplied another year.

The *population* by the last census was 2069. The general character of the people for intelligence, good habits, morality, industry and economy, certainly ranks very high. I know of no town that excels in this respect. Leominster has for the last seven years, at least, been found in the foremost rank in the cause of temperance ; and her inhabitants are industrious almost to a fault. In their pecuniary condition they are generally equally removed from great wealth and extreme poverty. A competency generally prevails. The number of families is 425 ; 20 of these families live in the "elevated part," 25 in the valley of the Nashua, and the remaining 380 are scattered over the hills and in the vales of the central and eastern portions of the town. The number of families employed in different occupations will be seen below.

Farmers (managing farms)	-	-	-	156
Farm-laborers (working constantly on farms)	-	-	-	13
Farmer-mechanics (farmers who work at some trade a part of the time)	-	-	-	20—189
Common laborers	-	-	-	40
Comb-makers	-	-	-	86
Shoe-makers	-	-	-	15
Carpenters	-	-	-	17
Paper-makers	-	-	-	13
Blacksmiths	-	-	-	9
Traders	-	-	-	10
Professional men	-	-	-	8
Capitalists	-	-	-	7
Teamsters	-	-	-	5

Tailors	-	-	-	-	-	-	-	-	-	5
Painters	-	-	-	-	-	-	-	-	-	3
Millers	-	-	-	-	-	-	-	-	-	3
Wheelwrights	-	-	-	-	-	-	-	-	-	3
Harness-makers	-	-	-	-	-	-	-	-	-	2
Basket-makers	-	-	-	-	-	-	-	-	-	3
Milliners and mantuamakers	-	-	-	-	-	-	-	-	-	3
Butcher 1, tanner 1, tinner 1, innkeeper 1,	-	-	-	-	-	-	-	-	-	4
Total	-	-	-	-	-	-	-	-	-	425

Insane persons, 4; blind, 3; deaf mute, 1.

The whole number of deaths for five years was 172, and the average duration of life was 36 years 4 months. The number of deaths by phthisis for the 5 years was 36, showing that one in five of the deaths was caused by this disease. During the five years past the average duration of life of the *farmer* was 44 years—that of the *master mechanic*, 28 years 6 months—of the *mechanic*, 25 years—of the *laborer*, 34 years and 5 months.

RUPTURE OF THE UTERUS.

To the Editor of the Boston Medical and Surgical Journal.

STR,—On the evening of the 9th of April last, I was called on to attend the accouchement of Mrs. H. W. Palmer, the lady of the Cashier of the Bank of Whitehall. The patient, a lady of refinement and literary taste, of general good health, and about 30 years of age, had been confined three times before, at each of which I had attended her. She had for some time previously entertained fearful forebodings as to the result of her approaching accouchement. Entertaining no serious apprehensions myself, from her general good health, and observing no sensible cause for its existence on her part, I had not hesitated at all times to afford her such encouragement, whenever consulted, as I frequently had been, as would be calculated to dissipate those gloomy fears. I found her on this evening very much disposed to be cheerful, and in better spirits than usual. At 10 o'clock I was invited into the room, to take the immediate charge of the patient. She was placed on a matrass, resting on her left side in the usual position. On examination everything appeared perfectly natural, except a rigidity of the os uteri; but as this circumstance had existed at each of her previous confinements, it gave me no uneasiness at the time. Her pains were regular, and rather increasing in frequency as well as severity. I contented myself with administering a weak solution of tart. antim.; and a disposition in the os uteri to dilate existing, the labor progressed gradually till a little before 12 o'clock, when on the occurrence of a pain of greater severity than usual, the head of the child passed down into the inferior strait and rested on the perineum. This pain caused a shriek, and was followed by the most agonizing distress, referred to different and distant organs; the most severe of which was

referred to the stomach and cramp in the left limb. With an assurance that the next pain would finish the labor, it was waited for with great impatience. Alas! it never came. The constant agony expressed by words and actions on the part of the patient cannot well be described. With the hope of inducing a recurrence of the pains, after some half an hour had expired, she was raised up on the side of the bed; but scarcely had her position been changed, before a death-like faintness overcame her, and she was obliged to resume her former horizontal position on the couch. The head had at this time escaped from the os uteri and rested in its usual position in the vagina, but no effort at expelling it further could be induced. I sent immediately for my forceps, and endeavored to apply one blade of them to the head, but without success. The head was evidently receding. The patient, to the extent of her strength, endeavored to expel it, but it was evident that each throe of the mother placed it farther and farther from my control. As a *dernier resort*, the head of the fœtus was opened, and a firm hold secured on the bones of the cranium, which allowed the exercise of greater assistance than it had previously been possible for me to exert. All this was without avail. Counsel was called, but too late to be of use to me or my patient. I had, long before his arrival, made up my mind that a rupture of the uterus had taken place. I was assured of this more positively from the sensible alteration which had taken place in the position of the fœtus, both by its recession from the vagina, and external signs or the form of the abdomen. The pulse of the patient began rapidly to sink, the mind to wander, and without any sensible mitigation of the pain and agonizing distress, she died at 5 o'clock, P. M., five hours from the time of the last severe and protracted pain.

In the brief outlines I have here given of this case, I may have omitted some things which ought to have been noticed in place; but I do not now recollect of any matter omitted, calculated to throw light on the symptoms, treatment or termination. A *post-mortem* examination was held on the body the next day, at which Drs. Joel Green and H. W. Sprague were present by invitation, as also a number of the friends of the deceased. On removing the abdominal parietes, the first object to be seen was the body of a full-grown male child, the breech of which was forced against the diaphragm and stomach on the left side; its extremities were flexed on its body, the interstices of which, as also of the abdominal viscera, were filled with coagulated blood, about two pounds of which was removed. The placenta was detached from the uterus, and found in the cavity of the abdomen. The uterus embraced only the head, shoulders and superior extremities of the child. The rent in that organ was sufficiently large to pass the body of a large child, and extended from the neck to its fundus. The uterus, on such examination as we had time to make, did not appear to be diseased, or as having suffered from any former disease. I mention this fact, as it was suggested by a medical friend, that it possibly might be the result of some organic lesion arising from former labors. Her second child was a male, and a breech

presentation, though delivered without extraordinary effort, and was also full grown. Her first and third ones, now living, are females.

At the suggestion of medical friends, the above case is submitted for your disposal, either to publish or otherwise. Cases of this kind happen rarely, and the general interest attached to them is much enhanced in this case on account of the great respectability of the deceased.

White Hall, N. Y., May 18, 1844.

Yours, very respectfully,
D. S. WRIGHT.

BARNSTABLE DISTRICT MEDICAL SOCIETY.

[Communicated for the Boston Med. and Surg. Journal.]

THE annual meeting of the Barnstable (Mass.) District Medical Society was helden at the Court House in Barnstable, on Wednesday, May 8th, at ten o'clock, A. M. The Treasurer's Report was read and accepted. The following officers were chosen for the current year :—

Drs. Aaron Cornish, *President*; Henry Tuck, *Vice President*; James Ayer, *Secretary*; John Harpur, *Treasurer*; E. W. Carpenter, *Librarian and Curator*. And the following Fellows were selected as candidates for Counsellors for this District, to be presented to the Parent Society for election, namely :—Drs. Benj. F. Seabury, John Harpur, and Elijah W. Carpenter.

Several interesting specimens of Pathological Anatomy were presented, accompanied by the histories of the cases and other useful remarks. Of which were :—

CASE I. *Spina Bifida*. This consisted of a large tumor, of the size of a man's fist, of a considerable degree of consistence, connected with one of the lumbar vertebræ. The spinous process of the joint was deficient, and the connection between the spinal cord and tumor was very apparent. The mass had been punctured, but without any permanent diminution of size.

II. *Intussusception of the Intestine*. This case was that of a child. The intussusception was complete; the parts were thoroughly impacted for the extent of four to six inches, closing up the passage of the canal. The symptoms were those of colic, incessant vomiting and obstinate constipation. The nature of the disease was suspected, but admitted of no remedy.

III. *Perforation of the Small Intestines*, with elliptical patches, and inflammation of Peyer's glands, occurring in a case of typhoid fever. This was a beautiful specimen, illustrating precisely Louis's doctrine of Dothin-Enterite. The perforation was the size of a quarter of a dollar; and the glands of Peyer and Brunner exhibited the different stages of irritation, inflammation and ulceration. The dissection forcibly exhibited the imminent hazard of the empiricism which had been freely employed in this case.

IV. *A Polypus Uteri*, much larger than a goose egg, was presented. Its consistence was soft, insomuch that the neck was detached from the os

uteri in its removal. The patient had suffered much from hemorrhage, and, when the nature of the disease was detected, was too far exhausted to bear the application of a ligature for its removal. She died from exhaustion.

A spirit of harmony pervaded the doings of the Society. A desire for mutual improvement was manifested by all the members; and a wish was expressed, that every individual should come to the meetings prepared to contribute something to the interest of the members. The efforts of the Society are directed exclusively to the promotion of medical science. Free conversation on medical topics is indulged at these sittings. The Society holds its annual meeting in May, and a semi-annual one in September. Many valuable medical periodicals are taken by the Society.

JAMES AYER.

Sandwich, May 16th, 1844.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 29, 1844.

Public Hygiene.—A committee of the Counsellors of the Massachusetts Medical Society made a report some time since, which was published, on the subject of Public Hygiene. In order to carry out the purposes of the institution, in a proposed statistical investigation, the co-operation of every member of the Society is necessary. It is desirable to obtain, says the report, the topography, and moral and physical condition of the people of every place, in order to ascertain the endemic and other influences upon the health of the inhabitants. The committee made a judicious and excellent arrangement of the course to be adopted, in order to obtain the facts most desirable to be collected. But, alas! all men have not the same amount of zeal. Some persons have an innate love for registering the minutest variations of the wind and weather; others are anxious to have the law oblige certain public functionaries to record a class of matters that to many appear to be of no earthly importance. It is really unfortunate for science that physicians, generally, have not more leisure for penning the results of their observations. Scarcely one in a hundred in Massachusetts, it is feared, will trouble themselves to note particulars like the following, which are desired by the committee.

“1. The temperature of each day, as measured by uniform thermometers.

“2. The varying pressure of the atmosphere, measured by uniform barometers.

“3. The amount of rain that falls, measured by uniform rain-gages.

“4. The number of fair—cloudy—stormy days.

“5. The direction, &c., of the winds.

“In regard to the civil and social condition of the citizens, the following circumstances should be referred to, viz. :—

“1. The amount of population of the town.

"2. Their general character for intelligence—habits—morals—industrious, economical and pecuniary condition.

"3. The number of families employed in different occupations.

"4. The insane—blind—deaf mutes."

However desirable it may be to collect the exact statement on all the points referred to above, we apprehend that many years will elapse before much progress is made in obtaining it. Yet Dr. Field, of Leominster, has set a good example in the answers he has returned to the questions proposed, as may be seen in the *Journal* of to-day. Other members of the Medical Society will doubtless do the same; and it would give us pleasure hereafter to record, that, notwithstanding our apprehensions, it had been done generally by the members.

*Outlines of Pathology.**—In the series of that exceedingly profitable class of medical books for the library of a physician, which are constantly emanating from the press of Messrs. Lea & Blanchard, of Philadelphia, is Dr. Alison's well-known and popular work on *Pathology and Practice of Medicine*. A biographical sketch of the author, were it practicable to give it in connection with this hasty notice of one of his most able productions, would show that he has attained a distinction which any man might covet in the walks of professional life.

The treatise to which these remarks especially refer, is a well-proportioned volume, of 424 pages, large-sized octavo, divided into three natural divisions. Part I. treats of cases of sudden death; diseases in general; remote causes, and the means of cure; action of remedies, and the evidence of their efficacy. Part II.—Febrile diseases; inflammation of the air passages and lungs; inflammation of the bloodvessels; of the viscera; of the nervous system and organs of sense; of the organs of locomotion; of the integuments. Next—fevers, properly so called, and idiopathic fevers; and, lastly, eruptive fevers and contagious exanthemata. Part III. This last division is exclusively devoted to the consideration of chronic or non-febrile diseases in general. The order of arrangement is natural, and the manner of treating the subject of each consecutive chapter gains the respect and confidence of the reader, the further he progresses.

Dr. Alison is lucid, and yet vigorous, and does not fatigue with unnecessary details. As a practical guide in the administration of remedies, he may be safely followed; and in the description of symptoms, or the general philosophy of medicine, he has no superiors, although he may have equals.

Prosecution for Malpractice.—An occasional allusion has been made, heretofore, to the prosecution of Dr. Colby, in the northern part of Vermont, for alleged malpractice in surgery. He has been tortured under the legal screws nearly as much as a man can bear—his case having been protracted from year to year, and from court to court.

As nearly as we can understand the matter, the case is after this sort. Some time in the year 1836 or 37, he was prosecuted by Nelson, on a charge of mismanagement in a case of surgery. He was called to the

* *Outlines of Pathology and Practice of Medicine.* By William Pulteney Alison, M.D., &c. Philadelphia: Lea & Blanchard. 8vo., p. 424. 1844.

plaintiff's wife in 1833, and pronounced that she had a fracture of the neck of the thigh-bone. The complainant says, splints were applied, and the patient was subjected to a long and unnecessary confinement; and that in consequence, insanity was produced. The grounds of the allegation were, that the patient, after the injury, did sustain part of the weight of the body on the injured limb—and that by the assistance of a person supporting her on each side, she stepped some two or three steps; that before the splint was applied, the patient drew up the limb in bed, nearly to a right angle, and turned over, and recovered without lameness. The plaintiff contends, therefore, that these are evidences that no fracture had ever existed.

The defence by Dr. Colby, is in this wise. A consultation, at the time of the injury, pronounced the case a fracture of the neck of the femoris. The limb was three quarters of an inch shorter, by measurement, than the other. Crepitus was recognized, as sworn to by Nevill. He avers that her insanity was a religious monomania, she having been subjected to much religious excitement. He asserts, too, and all surgeons will sustain the opinion, that some power over the limb often exists after this kind of fracture. Even if no lameness was felt, it was no positive evidence of the non-existence of previous fracture. Since the last trial, Mrs. Nelson has died—and some bones, said to have been those of the patient, have been carried as far as New York, for the examination and opinion of surgeons. In the mean while, the defendant asserts that the internal changes described in certain depositions, touching these bones, as the result of fracture, do not take place, and cites the authority of Dupuytren and Amesbury to sustain the position.

This is barely an outline of what we consider a hard case, which seems destined to have no more of a termination than an English suit in Chancery, which lasts as long as the money holds out. Dr. Colby has our warmest sympathies. We consider him an abused man, and regret that he could not have had a hearing before an enlightened jury of Massachusetts, where his high attainments in medicine and surgery would have been appreciated, as they are in the profession at large wherever he is known.

If Dr. Colby will take the trouble to possess himself of various specimens of fracture of the neck of the femoris, in the cabinet of the Medical College of Cincinnati, which we have examined with peculiar satisfaction, he can confound his persecutors, if he has any in the back ground, with the most cogent of all testimony—specimens of fractured bones, under circumstances analogous to those in which he found Mrs. N. Her melancholy death will ultimately lead, we trust, to his triumphant acquittal from all blame, and from all the embarrassments growing out of this vexatious prosecution.

Cæsarean Operation.—Dr. M. F. Mignault, of this city, performed this operation not long since, the particulars of which are expected for publication. The necessity for resorting to it was exceedingly urgent, in consequence of a rupture of the uterus. Both mother and child died, but the latter was born alive, and had a resort to art been sooner made, it was thought it might have been saved. Whether the Cæsarean operation has ever been resorted to before in Boston, or if so, when, we have not the means of knowing at this moment.

The Pennsylvania Hospital.—The annual published Statement of Accounts, &c., of this ancient institution, for the present year, has been received. We learn from it that the total receipts for last year were \$65,138 69. Of this amount, more than \$24,000 were taken in payment for board of insane patients, and more than \$20,000 for interest on bonds and mortgages, rents, legacies, &c. The amount of payments for the year is put down the same as that of the receipts, though the actual amount of both, after deducting balances and financial negotiations, is much less than this.

The number of patients admitted during the last year, was 938—667 poor patients, and 271 paying ones. There were discharged during the year, 922, leaving 89 at its close, on the 27th of April. Of the 938 persons admitted, 473 only were natives of the United States; and of the foreigners, 348 were Irish.

Since the establishment of the institution, in 1752, there have been admitted 41,053 patients, of whom 22,595 were poor, and were treated at the expense of the Hospital. Of this whole number, there have been cured 25,693; died, 4,261; pregnant women safely delivered, 991; infants born in the Hospital and discharged in health, 933. Besides these, during the last three years there have been admitted into the Hospital for the Insane, 381 patients.

Practice of Physic and Surgery in the State of New York.—The following act was lately passed by the Senate and Assembly of New York. Section 1. The 22d Section of Chapter 14, Title 7, Part first, of the Revised Statutes, and all other provisions of said Title, and all other laws of this State, which prohibit any person from recovering, by suit or action, any debt or demand arising from the practice of physic or surgery, or a compensation for services rendered in attending the sick or in prescribing for the sick, are hereby repealed.

§ 2. The act entitled "An Act concerning the practice of Physic and Surgery in this State," passed April 7, 1830, is hereby repealed.

§ 3. No person shall be liable to any criminal prosecution or to indictment, for practising physic or surgery without license, excepting in cases of malpractice, or gross ignorance, or immoral conduct in such practice.

§ 4. All and every person, not being a licensed physician, who shall practise or attempt to practise physic or surgery, or who shall prescribe for or administer medicines or specifics to or for the sick, shall be liable for damages, in cases of mal-practice, as if such person were duly licensed to practise physic or surgery.

§ 5. Any person who shall practise physic or surgery, or prescribe medicines, or specifics for the sick, and shall, in any court having cognizance thereof, be convicted of gross ignorance, malpractice or gross immorality, shall be deemed guilty of a misdemeanor, and liable to a fine not exceeding three hundred dollars, or imprisonment in the county jail not exceeding twelve months, or both, in the discretion of the court.

Monroe County Medical Society.—The annual meeting was held at Rochester, N. Y., on Wednesday, the 8th inst. The President, Dr. Webster, laid before the meeting the medical legislation of the late session of the Legislature, with appropriate remarks relative to its bearing on the profession—a subject which subsequently elicited considerable

discussion. Two resolutions were offered by Dr. Reid, which after various amendments and no little debate, were passed as follows.

Resolved, That the members of the Monroe County Medical Society concur in the wisdom of the late act of the Legislature, by which irregular practitioners are allowed to collect their fees and are made liable to actions for malpractice, and believe that the interests of the public and the profession will be thereby promoted.

Resolved, also, That it is the duty of all licensed physicians to maintain and cordially to support the present organization of the County and State Medical Societies.

The following, submitted by Dr. Armstrong, was passed, on motion of Dr. Strong.

Resolved, That in the absence of any legislative protection, we are bound by a sense of justice to ourselves, as well as to the community at large, to adopt such means of protection as our peculiar circumstances and position in society will allow; particularly by cultivating ourselves, and by requiring from those about to be initiated into the profession, a high standard of professional qualification, and by repudiating and discountenancing every form of quackery, regarding all professional fellowship either with it or with those who practise it as alike dishonorable to ourselves and injurious to the public.

Dr. Edson's resolution was next adopted:

Whereas, by a law recently passed by the Legislature of this State, all persons, whether licensed or not, are authorized to practise and collect their fees, it is not any longer important to Homœopathsists, or other irregular practitioners, to continue members of this Society; therefore

Resolved, That all such persons be, and they are hereby requested to withdraw their names from the list of members of the Monroe County Medical Society.

The following gentlemen were elected officers:—E. W. Armstrong, of Rochester, *President*; Socrates Smith, of Rush, *Vice President*; W. W. Ely, of Rochester, *Secretary*; P. G. Tobey, do., *Treasurer*. James Webster, J. B. Elwood, W. W. Ely, M. Strong, P. McNaughton, Davis Carpenter, China Smith, *Censors*.

The Society then adjourned to the Irving House to dinner, and subsequently to the rooms of Messrs. J. C. & D. Hyatt, pursuant to their invitation to examine their newly-constructed manakin, in plaster; in reference to which, the following resolution was adopted:—

Resolved, That we have inspected with much pleasure the manakin constructed by Messrs. J. C. & D. Hyatt, and consider it highly creditable to the enterprise and ingenuity of the artists, and deserving of the attention and patronage of the profession.

TO CORRESPONDENTS.—A Report of a Case of Diseased Ovaria, and Notes of a visit to the New York and Philadelphia Medical Schools, have been received.

MARRIED.—In Boston, Benjamin B. Appleton, M.D., to Miss K. E. Thompson.

DIED.—At Plymouth, Mass., the venerable James Thacher, M.D., aged 90.

Number of deaths in Boston for the week ending May 25, 36.—Males, 14; Females, 22. Stillborn, 7.

Of consumption, 4—scarlet fever, 4—croup, 2—old age, 3—inflammation of the lungs, 1—lung fever, 4—disease of the heart, 1—accidental, 1—infantile, 2—burn, 1—dropsy in the brain, 2—marasmus, 2—amenorrhœa, 1—menstrua, 1—cankerrash, 1—disease of the brain, 1—cancer, 1—apoplexy, 1—teething, 1—decline, 1—inflammation of the bowels, 1.

Under 5 years, 19—between 5 and 20 years, 3—between 20 and 60 years, 8—over 60 years, 6.

Case of Obstruction in the Intestinal Canal, terminating favorably on the Ninth Day by Spontaneous Vomiting. By Sir G. LEFEVRE, M.D.—The subject of the present case was a little girl, of twelve years of age; of a very delicate constitution, strongly-marked scrofulous disposition, and with very feeble digestive powers, so that she was unable to digest fruit or vegetables. She had been attacked by epidemic autumnal cholera, which prevailed amongst children in the town where she was residing, and which yielded to the usual mode of treatment. Soon after the termination of this she was attacked by a disease of an opposite nature, and became obstinately constipated, whilst the stomach rejected everything that was taken. Purgatives had been employed in every shape, but without effect; leeches had been applied to the abdomen, which had been fomented freely. Such was the history of the case which I received previous to my seeing her on the 27th of August, in the afternoon. [Continual vomiting of green bilious fluid, but without much effort, was then the most annoying symptom. Small doses of prussic acid in almond milk checked the vomiting some hours. Croton oil was given internally and by clysters, and bladders of ice were applied over the belly. The matter vomited on the 30th was evidently from the ileum, and the stricture seemed to be about the caput cæci. Water was injected by a long elastic tube, which was introduced into the rectum and carried to the colon, producing distress, but no relief. On the 31st all the symptoms were worse, and she seemed about to die. She was removed to a cooler room, and being much fatigued, a glass of Maderia wine was given her, when she immediately threw up three pints of a dark-green fluid.] She experienced immediate relief and breathed more freely, and the upper part of the body became more loose and compressible. I gave her some more wine, which remained on her stomach; she had no more nausea. Constant friction was maintained over the abdomen, and injections of vinegar and water were repeated every hour. The first was returned without being accompanied by any solid matter, but had a fœtid smell. The second was accompanied by pieces of flocculent matter, of a membranous appearance, and the fluid returned was horribly fœtid, like putrid water in which flesh had been macerated. She was enabled to compress the abdominal muscles and make an effort to go to stool, which the previous great distension, paralyzing the action of the muscles, had prevented her from doing. Much of this membranous matter came away after each injection. The smell was most offensive. About four hours after the spontaneous vomiting she asked to go to the chair, when the bowels gave way and a large quantity of solid excrement was voided. She passed more stools in the course of the evening, and then slept tranquilly. The following morning I gave her a dose of castor oil, which produced its desired effect without creating nausea, and I left her convalescent. I learned, subsequently, from my colleagues, that she had a good deal of constitutional fever for four or five days. She recovered in a short time, and her digestive powers are now better than previous to her illness. The obstruction was relieved only on the ninth day of the disease. [This case was read by Dr. L. to the Royal Med. and Chir. Society, and he suggested that an early emetic might have hastened the favorable termination. Some symptoms favored the opinion that the obstruction depended on intussusception; other symptoms were against it.]—*Abridged from the London Lancet.*